STUDENTS 09.36 AP.21

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SCHOOL: 1000 County Wilgrant Program FACULTY WIEMBER	S) SPONSORING TRIP <u>LAURA VOTH</u>	
TYPE OF TRIP (CHECK ONE):		
Organization requesting the Trip / Organization responsible for P		
DESTINATION: MEP MIDDLE SCHOOL CAMP@	KY DAM VILLAGE ADDRESS:	
GILBERTSVILLE, KY		
Overnight; give name, address, phone of lodging: <u>KY Dam V</u>	/illage (Executive Cabins)	
D(-) T 0(101101 0 0(100101 1))		
DATE(S) OF TRIP: <u>06/25/24 & 06/28/24 (CAMP DROP OFF AND</u> RETURN TIME: <u>5:00PM</u>	PICK UP) DEPARTURE TIME: 8:00AM	
SOURCE OF FUNDING FOR TRIP MEP GRANT		
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.		
NUMBER OF: STUDENTS: 10_FACULTY SPONSORS: L. VOTH, P, F GUNN TOTAL # OF PARTICIPANTS: 12		
EAP: Person contacted at venue to discuss EAP: Cindy Sasser Person making contact: L.Voth		
Is there an Automated External Defibrillator (AED) on site: X Yes NoIf yes, where: Lodge		
To more an reasonable External Denominator (read) on site. 2 165	on yes, where <u>Louge</u>	
Does the venue have an Emergency Response Team: X Yes No If ye	•	
School Employee(s) Attending Trip (Please note beside name if employee	e is CPR trained):	
L Voth (CPR Trained/Advisor& Driver)		
P Ramirez (CPR Trained/Camp Staff) F Gunn (CPR Trained/Advisor & Driver)		
(Please use separate sheet and attach to this form if more space is needed to	list school employees affending)	
(Please use separate sheet and attach to this form if more space is needed to	list school employees attending).	
Signature of Faculty Sponsor	Date	
	Date	
Signature of Faculty Sponsor	Date	
Signature of Faculty Sponsor Approval of Site Based Council Representative	Date	
Signature of Faculty Sponsor Approval of Site Based Council Representative District Use Only Section 2	DateDate	
Signature of Faculty Sponsor Approval of Site Based Council Representative District Use Only Section 2	DateDate	
Signature of Faculty Sponsor Approval of Site Based Council Representative District Use Only	DateDate	
Signature of Faculty Sponsor Approval of Site Based Council Representative District Use Only Section 2 Approval of District Representative	Date	
Signature of Faculty Sponsor Approval of Site Based Council Representative District Use Only Section 2 Approval of District Representative DRIVER: TURN THIS FORM IN WIT Section 3	DateDateDateDateDate	
Signature of Faculty Sponsor Approval of Site Based Council Representative District Use Only Section 2 Approval of District Representative DRIVER: TURN THIS FORM IN WIT Section 3	DateDateDateDateDate	
Signature of Faculty Sponsor Approval of Site Based Council Representative District Use Only Section 2 Approval of District Representative DRIVER: TURN THIS FORM IN WIT Section 3 Date/Time Departure:	DateDateDateDateDateDateDateDateDateDateDateDateDateDateDate	
Signature of Faculty Sponsor Approval of Site Based Council Representative District Use Only Section 2 Approval of District Representative DRIVER: TURN THIS FORM IN WIT Section 3	DateDateDateDateDateDateDateDateDateDateDateDateDateDateDate	
Signature of Faculty Sponsor Approval of Site Based Council Representative District Use Only Section 2 Approval of District Representative DRIVER: TURN THIS FORM IN WIT Section 3 Date/Time Departure:	DateDateDateDate	
Approval of Site Based Council Representative District Use Only Section 2 Approval of District Representative DRIVER: TURN THIS FORM IN WIT Section 3 Date/Time Departure: Date/Time Return: I hereby certify that the above information is correct to the best of	DateDate	
Signature of Faculty Sponsor Approval of Site Based Council Representative District Use Only Section 2 Approval of District Representative DRIVER: TURN THIS FORM IN WIT Section 3 Date/Time Departure: Date/Time Return:	DateDate	
Signature of Faculty Sponsor Approval of Site Based Council Representative District Use Only Section 2 Approval of District Representative DRIVER: TURN THIS FORM IN WIT Section 3 Date/Time Departure: Date/Time Return: I hereby certify that the above information is correct to the best of Driver Signature Driver Comments:	DateDate	
Approval of Site Based Council Representative District Use Only Section 2 Approval of District Representative DRIVER: TURN THIS FORM IN WIT Section 3 Date/Time Departure: Date/Time Return: I hereby certify that the above information is correct to the best of Driver Signature	DateDate	

STUDENTS 09.36 AP.21

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SCHOOL: Todd County Migrant Program FACULTY MEMBE	R(S) SPONSORING TRIP <u>LAURA VOTH</u>	
Гуре of Trip (снеск one):		
Organization requesting the Trip / Organization responsible for		
DESTINATION: MEP STUDENT LEADERSHIP INSTITUTE		
Overnight; give name, address, phone of lodging: Murray S	State University	
DATE(S) OF TRIP: <u>06/02/24 & 06/08/24 (CAMP DROP OFF AN</u>	D PICK UP) DEPARTURE TIME: 8:00AM	
RETURN TIME: 5:00PM		
SOURCE OF FUNDING FOR TRIP MEP GRANT		
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.		
Number of: students: 10 faculty sponsors: $L.Voth, F$		
EAP: Person contacted at venue to discuss EAP: Cindy Sasser Person		
Is there an Automated External Defibrillator (AED) on site: 🛛 Yes 🗌	No If yes, where:	
Dining Hall, Residence Halls		
Does the venue have an Emergency Response Team: X Yes No If		
School Employee(s) Attending Trip (Please note beside name if employ L Voth (CPR Trained/Advisor& Driver)	ee is CPR trained):	
P Ramirez (CPR Trained/Camp Staff)		
F Gunn (CPR Trained/Advisor & Driver)		
(Please use separate sheet and attach to this form if more space is needed	to list school employees attending).	
Signature of Faculty Sponsor	Date	
Approval of Site Based Council Representative	Date	
District Use Only		
Section 2		
Approval of District Representative	Date	
DRIVER: TURN THIS FORM IN W	ITH TIMESHEETS	
Section 3		
Date/Time Departure:	Odometer Start:	
Date/Time Return:	Odometer End:	
I hereby certify that the above information is correct to the best of	of my knowledge.	
Driver Signature	Date	
Driver Comments:		
Coach or School Representative Signature	Date	